

**CONTRACTORS STATE LICENSE BOARD**

9821 Business Park Drive, Sacramento, CA 95827-1703
Mailing Address: P.O. Box 26000, Sacramento, California 95826-0026

STATE OF CALIFORNIA

1-800-321-CSLB (2752)
www.cslb.ca.gov

Application to Inactivate Contractor's License

The holder of an inactive license is not entitled to practice as a contractor until his or her license is reactivated. Acting in the capacity of a contractor using an inactive license is cause for disciplinary action. (*See Business and Professions Code Section 7117.5.*)

To maintain a license on inactive status, you must pay the applicable renewal fees as they become due.

To reactivate the license, you must submit the Application to Reactivate Contractor's License, pay the renewal fee for an active license, and fulfill all other requirements. (*See Business and Professions Code Section 7076.5.*)

Please check the following requirements for inactivating your license.

- ☐ Is your license currently renewed? An expired license cannot be inactivated.
- ☐ Did your license expire more than five years ago? If so, you must submit an Application for Original Contractor's License to reinstate it before you can inactivate it.
- ☐ Is your current pocket license enclosed? You must return it with this application to inactivate.
- ☐ Is your pocket license lost? Enclose the fee of \$11 to replace it. Attach a money order or a personal, business, certified or cashier's check payable to the Registrar of Contractors—do not send cash. There is a \$10 service charge for each dishonored check.
- ☐ **Check this box if you are in the process of obtaining a new license and do not want this document processed until the new license is issued.**

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. COMPLETE ALL AREAS.

BUSINESS NAME (as it currently appears on the records of CSLB)		LICENSE NUMBER	
BUSINESS MAILING ADDRESS	number/street or P.O. box	city	state ZIP code
BUSINESS STREET ADDRESS (REQUIRED OR APPLICATION WILL BE RETURNED)		city	state ZIP code
BUSINESS PHONE NUMBER	BUSINESS FAX NUMBER	BUSINESS E-MAIL ADDRESS	
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THE FOLLOWING CERTIFICATION MUST BE COMPLETED BY A MEMBER OF PERSONNEL CURRENTLY LISTED ON THE RECORDS OF CSLB. A RESPONSIBLE MANAGING EMPLOYEE (RME) CANNOT SIGN THIS FORM.

On _____ at _____, _____
DATE CITY/COUNTY/STATE

I certify under penalty of perjury under the laws of the State of California that all statements, answers, and representations in this application, including all supplementary statements attached hereto, are true and accurate, and that I have reviewed the entire contents of this application.

Signature of Owner, Partner, Qualifying Partner, or Officer _____

Print Name _____

Notice on Collection of Personal Information

CSLB collects the personal information requested on this form as authorized by B&P Code § 30 and CCR 816. CSLB uses this information to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation. Submission of the requested information is mandatory. CSLB cannot consider your application for licensure or renewal unless you provide all of the requested information. You may review the records maintained by the CSLB that contain your personal information, as permitted by the Information Practices Act. We make every effort to protect the personal information you provide us, however it may be disclosed in response to a Public Records Act request as allowed by the Information Practices Act; to another government agency as required by state or federal law; or in response to a court or administrative order, a subpoena, or a search warrant. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, contact the Office of Privacy Protection, 400 R Street, Sacramento, CA 95814, or email privacy@dca.ca.gov.

